SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Ralph Lynn Ferguson Sr 1, 472 Mighway 27 DeRidder, LA 7063H	A. Signature X. Raphtergene : Addressee B. Received by (Printed Name) C. Date of Delivery August C. Date of Delivery May 14 2018 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
De Ridder, LA 10031. 1:160272 # 169 RAR BC	3. Service Type □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article 1 7016 2710 0000 3777 8914	
PS Form 3811, July 2013 Domestic Return Receipt	

